UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND	
1 Date of Request: _____	2 Serial/Patent # _10/517983_

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing		12/13/04	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
	7 TOTAL AMOUNT OF REFUND		$ 100

8 TO BE REFUNDED BY:

		Treasury Check
✓		Credit Deposit A/C #:

9 | 0 | 6 | -- | 1 | 1 | 3 | 0 |

10 REASON:

	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _John Anderson_ TITLE: _Paralegal Specialist_

SIGNATURE: _John Anderson_ PHONE: _308-9140 ext 211_

OFFICE: _PCT - DO/EO_

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)